

INFORMATION ONLY



2018-2019 Regional Public Health Emergency Preparedness Program (PHEP)- Performance Tracking

Demographics

Budget Period:	Budget Year:	Sub-awardee type:	Sub-awardee contacted:	Sub-awardee contact number:	Sub-awardee email contact:
SELECT	SELECT	SELECT	NAME	000-000-0000	EMAIL ADDRESS
Sub-awardee name:			Healthcare coalition:		
HEALTH DEPARTMENT/PHEP REGION/HCC NAME			SELECT		

Scoring information and instructions:

Ratings are determined as follows: **0-** Non-Compliant, No Program or Process exists; **1-** Non-Compliant, Program or Process exists, but not attempted; **2-** Non-Compliant- Program or Process exists, but serious faults or gaps are present; **3-** Non-Compliant- Provisional, Program or Process exists with correctable gaps that hamper completion or was an oversight on the part of the Reviewed Partner; **4-** Compliant-Provisional, (also called a *minor Finding*) minor gaps that do not hamper completion of the Task; **5-** Compliant, Department is in compliance with the work plan requirement. **NOTE- 0-3 will require a Major Finding note in the Overall Review, 4 will require a Minor Finding note.**

All work plan and AOE information will be added to the tracker as it is reported to KDHE Preparedness. All dates are either dates of completion or are reporting dates. All meetings will need to be recorded as the date of the meeting. Deliverables need to be recorded as the date received. In the case of activities that have due dates but are part of the quarterly reporting, the completion date and the submission date will need to be recorded. Attendee information can be added to the remarks sections where applicable. This document is adjustable. Enlargement of the various work plan blocks is encouraged.

Disclaimer:

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Programmatic Progress Tracking

Source: quarterly work plan updates, work plan activity outputs

Item: ADMIN	Output: Multiple validation sources/types required		Reporting frequency: Quarterly
Work plan activity:			Score:
The sub-awardee will submit quarterly updated work plans and quarterly affidavits of expenditures/ FSRs no later than the 15th of the month following the end of the quarter to KDHE Preparedness. (Administrative)			0 of 20
Quarter 1 Date: 00/00/0000	Score: 0 of 5	Notes:	Review Date: 00/00/0000
Approved: SELECT			
Quarter 2 Date: 00/00/0000	Score: 0 of 5	Notes:	Review Date: 00/00/0000
Approved: SELECT			
Quarter 3 Date: 00/00/0000	Score: 0 of 5	Notes:	Review Date: 00/00/0000
Approved: SELECT			
Quarter 4 Date: 00/00/0000	Score: 0 of 5	Notes:	Review Date: 00/00/0000
Approved: SELECT			

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Item: 1	Output: Attendee and/or date required for validation		Reporting frequency: Quarterly
Work plan activity: Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will: A. Assist local health department staff in the development, review, and updating of all local plans B. Provide general technical assistance and training to local health departments C. Work with local health departments and KDHE staff to identify training gaps at the local level D. Provide suggestions and/or feedback to KDHE regarding local priorities, issues, etc.			Score: 0
<i>Note: All TA visits/assistance must be recorded on the KDHE TA Visit Report Template and submitted with the work plan on a quarterly basis. If technical assistance was not provided during the quarter, a report stating "No assistance provided" must be submitted with the quarterly reporting.</i>			
Quarter 1 Date: 00/00/0000	Score: 0	Notes:	Review Date: 00/00/0000
Approved: SELECT	of 5		
Quarter 2 Date: 00/00/0000	Score: 0	Notes:	Review Date: 00/00/0000
Approved: SELECT	of 5		
Quarter 3 Date: 00/00/0000	Score: 0	Notes:	Review Date: 00/00/0000
Approved: SELECT	of 5		
Quarter 4 Date: 00/00/0000	Score: 0	Notes:	Review Date: 00/00/0000
Approved: SELECT	of 5		

Item: 2	Output: SELECT		Reporting frequency: Quarterly
Work plan activity: Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will: A. Convene, at a minimum, quarterly meetings of all the local health departments within the region and maintain minutes of the meetings and attendee lists using the KDHE Meeting Report Form (or a format containing the same information). (Capability 1: Community Preparedness) 1. Meetings must be set up in KS-Train at least 30 days prior to the scheduled date so that the required registration requirement can be met. 2. Within 7 business days , following the date of the meeting, a draft of the meeting minutes must be provided to all members and KDHE . 3. Retain a copy of all meeting minutes for five years.			Score: 0
Quarter 1 Date: 00/00/0000	Score: 0	Date setup: 00/00/0000 KS-TRAIN course #: 00/00/0000 Date shared: 00/00/0000 Date final: 00/00/0000	Remarks:
Approved: SELECT	of 5		
Quarter 2 Date: 00/00/0000	Score: 0	Date setup: 00/00/0000 KS-TRAIN course #: 00/00/0000 Date shared: 00/00/0000 Date final: 00/00/0000	Remarks:
Approved: SELECT	of 5		
Quarter 3 Date: 00/00/0000	Score: 0	Date setup: 00/00/0000 KS-TRAIN course #: 00/00/0000 Date shared: 00/00/0000 Date final: 00/00/0000	Remarks:
Approved: SELECT	of 5		
Quarter 4 Date: 00/00/0000	Score: 0	Date setup: 00/00/0000 KS-TRAIN course #: 00/00/0000 Date shared: 00/00/0000 Date final: 00/00/0000	Remarks:
Approved: SELECT	of 5		

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Item: 3	Attendee and/or date required for validation 6/30/2018		Reporting frequency: SELECT
<p>Work plan activity:</p> <p>By September 30, 2018, an Annual Plan of Action (utilizing the <i>KDHE Annual Plan of Action Template</i>), outlining the goals to be accomplished at the Regional meetings throughout the year, will be provided to KDHE.</p> <p>At a minimum the <i>Annual Plan of Action</i> must include the following:</p> <ol style="list-style-type: none"> 1. Tasks to be accomplished at the meetings with timeframes (trainings, exercises, etc.) 2. Proposed outcomes and actions for the above mentioned tasks. <p>Submit an updated Annual Plan of Action showing what has been accomplished and upcoming dates, to KDHE with each quarterly work plan. For completed tasks, notate if the proposed outcomes and actions were met and if not what the actual outcomes and actions were.</p> <p>Note: to be completed during the Quarter 1 Preparedness Regional meeting</p>			<p>Score:</p> <p>0</p> <p>of</p> <p>20</p>
Initial Plan of Action submission:			
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT Activity status: SELECT
Notes:			<p>Score:</p> <p>0</p> <p>of</p> <p>5</p>
Quarter 2 Date: 00/00/0000	Score: 0	Notes: Review Date: 00/00/0000	
Approved: SELECT	of 5		
Quarter 3 Date: 00/00/0000	Score: 0	Notes: Review Date: 00/00/0000	
Approved: SELECT	of 5		
Quarter 4 Date: 00/00/0000	Score: 0	Notes: Review Date: 00/00/0000	
Approved: SELECT	of 5		

Item: 4	Output: Initial supporting documentation required		Reporting frequency: Quarterly
<p>Work plan activity:</p> <p>Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will attend in person a healthcare coalition meeting(s) at least quarterly. Regional Coordinators, or designated subject matter expert(s) for regions without a coordinator, whose region supports multiple HCCs, must attend each HCC meeting within their region, or send a representative.</p> <p>Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the Healthcare Coalition Coordinator. (Capability 1: Community Preparedness)</p>			<p>Score:</p> <p>0</p> <p>of</p> <p>20</p>
Quarter 1 Date: 00/00/0000	Score: 0	Notes: Review Date: 00/00/0000	
Approved: SELECT	of 5		
Quarter 2 Date: 00/00/0000	Score: 0	Notes: Review Date: 00/00/0000	
Approved: SELECT	of 5		
Quarter 3 Date: 00/00/0000	Score: 0	Notes: Review Date: 00/00/0000	
Approved: SELECT	of 5		
Quarter 4 Date: 00/00/0000	Score: 0	Notes: Review Date: 00/00/0000	
Approved: SELECT	of 5		

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Work plan activity deliverable(s)

Item: 5	Reporting frequency: As contracted			
Work plan activity:				Score: 0 of 5
Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will ensure that each HCC Coordinator has up to date email addresses for each member of your PHEP Region so that the HCC Coordinator can include them in the email distribution list for the HCC meeting minutes. (<i>Administrative</i>)				
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT	Activity status: SELECT
Remarks:				

Item: 6	Output: Attendee and/or date required for validation		Reporting frequency: As contracted	
Work plan activity:				Score: 0 of 5
On <i>Date TBD</i> , Regional Coordinators or designated subject matter expert(s) for regions without a coordinator must attend the annual Training and Exercise Planning Workshop to update the <i>KDHE Multi-year Training and Exercise Plan</i> (MYTEP) for inclusion in the Grant Application for the upcoming budget period.				
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT	Activity status: SELECT
Remarks:				

Item: 7	Output: Attendee and/or date required for validation		Reporting frequency: Quarterly	
Work plan activity:				Score: 0 of 20
Dates TBD, Regional Coordinators or designated subject matter expert(s) for regions without a coordinator must attend the quarterly Preparedness Regional Coordinator Training. Meetings length will be one day and the location will be at KDHE in Topeka.				
Quarter 1 Date: 00/00/0000	Score: 0 of 5	Notes:		Review Date: 00/00/0000
Approved: SELECT				
Quarter 2 Date: 00/00/0000	Score: 0 of 5	Notes:		Review Date: 00/00/0000
Approved: SELECT				
Quarter 3 Date: 00/00/0000	Score: 0 of 5	Notes:		Review Date: 00/00/0000
Approved: SELECT				
Quarter 4 Date: 00/00/0000	Score: 0 of 5	Notes:		Review Date: 00/00/0000
Approved: SELECT				

Item: 8	Output: Attendee and/or date required for validation		Reporting frequency: As contracted	
Work plan activity:				Score: 0 of 5
Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will participate in at least one annual exercise as a facilitator, player, or evaluator no later than April 30, 2019 . Serving in an observer role does not meet the participation requirement. (<i>Capability 3: Emergency Operations Coordination</i>)				
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT	Activity status: SELECT
Remarks:				

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Item: 9	Output: Multiple validation sources/types required		Reporting frequency: Quarterly
<p>Work plan activity:</p> <p>Regional Coordinators or designated subject matter expert(s) for regions without a coordinator, will review Local Health Department AAR/IP's to ensure the inclusion of specific exercise roles/responsibilities and improvement plan goals as outlined for each individual Health Department and that each capability tested outlines at least one strength and one area for improvement prior to submission to KDHE Preparedness Exercise Coordinator. Technical Assistance will be provided as needed.</p> <p>1 Include KDHE Exercise Coordinator on all email correspondence related to comments and/or concerns provided in regards to the AAR/IP.</p> <p>2 Upon completion of the review, return the AAR/IP to the respective local health department for edits, if necessary, and for submission to KDHE by the local health department.</p> <p>Note: Contact the KDHE Exercise Coordinator to request approval of a designee to review AAR/IP's other than the Regional Coordinator or designated subject matter expert.</p> <p>Note : Record date(s) AAR/IP received, reviewed and returned to LHD on the TA form. If applicable, notate type of technical assistance provided.</p>			<p>Score:</p> <p>0</p> <p>of 20</p>
Quarter 1 Date:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	0		
Approved: SELECT	of 5		
Quarter 2 Date:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	0		
Approved: SELECT	of 5		
Quarter 3 Date:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	0		
Approved: SELECT	of 5		
Quarter 4 Date:	Score:	Notes:	Review Date: 00/00/0000
00/00/0000	0		
Approved: SELECT	of 5		

Item: 10	Output: Attendee and/or date required for validation		Reporting frequency: As contracted
<p>Work plan activity:</p> <p>By June 30, 2019, Regional Coordinators or designated subject matter expert(s) for regions without a coordinator, will take the FEMA online PIO Training: KS-TRAIN Course # _____ and provide proof of training.</p> <p>Note- Upon completion submit proof of training or provide proof of KDEM training within the last 5 years. Other trainings will be reviewed on a case by case basis.</p>			<p>Score:</p> <p>0</p> <p>of 5</p>
Submission date:	Date screened:	Date approved:	Approved by: SELECT
00/00/0000	00/00/0000	00/00/0000	Activity status: SELECT
Remarks:			

Item: 11	Output: Initial supporting documentation required		Reporting frequency: As contracted
<p>Work plan activity:</p> <p>By March 30, 2019, Regional Coordinators or designated subject matter expert(s) for regions without a coordinator, will participate in a KDHE webinar offering detailing proper use of social media in time of emergency. Dates TBA.</p>			<p>Score:</p> <p>0</p> <p>of 5</p>
Submission date:	Date screened:	Date approved:	Approved by: SELECT
00/00/0000	00/00/0000	00/00/0000	Activity status: SELECT
Remarks:			

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Item: 12	Output: Additional supporting information requested		Reporting frequency: As contracted	
Work plan activity: Regional Coordinators will provide to KDHE Preparedness, information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the BP1 Supplemental Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement. (HPP-PM pg. 50-61)				Score: 0 of 5
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT	Activity status: SELECT
Remarks:				

Item: 7	Output: Multiple validation sources/types required			
<i>Note: All items are one (1) point except 7B which is one (1) point per completed quarter</i>		<i>Total points available for work plan item 7:</i>		13
Local health departments will continue to:				Score
A. Keep contact information on KS-HAN up to date. (<i>Capability 6: Information Sharing</i>)	A. Date of last KS-HAN update.	00/00/0000	0	
B. Respond to KS-HAN Drills (<i>Capability 6: Information sharing</i>)	B. Dates responded to drills.	Q1: 0 Q2: 0	Q3: 0 Q4: 0	0
C. Retain copies of all certificates/proof of attendance for trainings completed by the Regional Coordinator or Subject Matter Expert during the entire project period for at least 5 years. (<i>Administrative</i>)	C. Certificates/Training records available?	SELECT	0	
D. Regionally purchased and maintained equipment must have an available signed shared resource agreement(s). (<i>Capability 1: Community Preparedness</i>)	D. Signed resource agreements available?	SELECT	0	
E. Maintain an always-on high-speed internet connection. (<i>Capability 3: Emergency Operations Coordination</i>)	E. Priority communication services available?	SELECT	0	
F. Maintain accurate information for a 24/7 calling tree and an updated Activation Protocol, which describes who will be called and the events that will trigger activation levels for the region. (<i>Capability 3: Emergency Operations Coordination</i>)	F. 24/7 calling tree and activation protocol is up to date and available?	SELECT	0	
G. Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least five years. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year. (<i>Administrative</i>)	G. Expenditure reports and invoices available?	SELECT	0	
H. Enter all items purchased with PHEP funding into CRMCS. (<i>Administrative</i>)	H. H.Items entered into CRMCS?	SELECT	0	
I. Attend or monitor minutes of the regional Homeland Security Council meetings. Pass along all pertinent information for situation awareness. (<i>Capability 1: Community Preparedness</i>)	I. Dates attended meetings?	Q1: 0 Q2: 0	Q3: 0 Q4: 0	0

0

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Programmatic overall comments:

Fiscal Accountability and Reporting Tracking

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Fiscal overall comments:

Total points available:	Total points received:	Percentage complete:	Date of Screenings		Date of overall comments:
20	0	0%	Q1: 00/00/0000	Q3: 00/00/0000	00/00/0000
			Q2: 00/00/0000	Q4: 00/00/0000	
Fiscal accountability validation by:					Date of validation:
					00/00/0000
<hr/> <i>Joanna Lassley, Grant Management Coordinator, KDHE</i>					

2018-2019 Totals	Programmatic available:	Programmatic total:	Programmatic percentage:	Fiscal available:	Fiscal total:	Fiscal percentage
	188	0	0%	20	0	0%
	Total available score:		Total score received:		Total percentage completed:	
	208		0		0%	

Overall comments:

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Scorecard Validation

KDHE Preparedness Compliance Coordinator

Date of final validation: Programmatic audit completed by:

00/00/0000

Edward O. Bell

Overall Compliance rating:

SELECT

Signature

KDHE Preparedness Grants Management Coordinator

Date of final validation: Fiscal performance audit completed by:

00/00/0000

Joanna Lassley

Concurrence:

SELECT

Signature

KDHE Preparedness Program Director

Date of final validation: Program validation by:

00/00/0000

Denise L. Kelly

Concurrence:

SELECT

Signature

KDHE Bureau of Community Health Systems Director

Date of final validation: Bureau validation by:

00/00/0000

Concur:

Non-concur:

Signature

Appeals Process

Date review returned to sub-awardee:

00/00/0000

Date of technical assistance:

00/00/0000

Date Appeal request received by KDHE:

00/00/0000

The reviewed Agency has **30 business days** from receipt of the audit scorecard to submit, in writing, an Appeal to the Non-Compliance Findings. Submissions for an Appeal need to be remitted back to KDHE Preparedness, Attn: Grants Compliance Coordinator, at kdhe.preparedness@ks.gov no later than:

00/00/0000

KDHE Preparedness will take up to 45 days to review and research the work plan updates. Any findings will be addressed on the CRT Quarterly Audit form (C-151)

Please state the reason for this Appeal and please provide any supporting documentation with this non-compliance Appeal request:

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Date of audit appeal review by KDHE:	00/00/0000	00/00/0000	SELECT	Compliance status:	SELECT	Compliance Rating:	SELECT
Appeal notes:							

KDHE Preparedness Compliance Coordinator

Date of final validation:	Programmatic audit completed by:	
00/00/0000	Edward O. Bell, PCC	
Overall Compliance rating:	SELECT	Signature

KDHE Preparedness Grants Management Coordinator

Date of final validation:	Fiscal performance audit completed by:	
00/00/0000	Joanna Lassley	
Concurrence:	SELECT	Signature

KDHE Preparedness Program Director

Date of final validation:	Program validation by:	
00/00/0000	Denise L. Kelly	
Concurrence:	SELECT	Signature

Document retention statement:

Please retain this scorecard as part of the confirmation documentation that will be used to provide validation of the completion of this budget period's contracted work plan activities. This document, like all others generated as either compliance documents or as an outcome, will need to be retained by the sub-awardee for a period no less than five years, per the language of the contracted work plan.

Disclaimer statement:

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services

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